## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

AME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUND	)			
Full Name (Last, First, Middle Initial) of Payee Diners Club				Date
Mailing Address P O Box 6935				Amount D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City The Lakes	State NV	Zip Code 88901		32.73
Purpose of Expenditure Transportation, lodging		Category/ Type		rice Sought: X House State: CA  House Senate Single A5
Name of Federal Candidate Supported or Opp Mary Bono Mack	osed by Expenditure:	!	Ch	President District: 45  eck One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		369.8		bursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Diners Club			<b>'</b>	Date  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P O Box 6935				Amount
City The Lakes	State NV	Zip Code 88901		29.42
Purpose of Expenditure Transportation, lodging		Category/ Type		House State: CA  Senate District: 45
Name of Federal Candidate Supported or Opp Mary Bono Mack	osed by Expenditure:		Ch	President  President  Oppose
Calendar Year-To-Date Per Election for Office Sought		399.2	_  _	bursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Diners Club				Date M M / D D / Y Y Y Y
Mailing Address P O Box 6935				1 0 2 6 2 0 1 0 Amount
City The Lakes	State NV	Zip Code 88901		332.64
Purpose of Expenditure Transportation, lodging		Category/ Type		House State: CA Senate District: 45
Name of Federal Candidate Supported or Opp Mary Bono Mack	osed by Expenditure:		Ch	eck One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		731.8		bursement For: Primary X General  2010  Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures			394.79
(b) SUBTOTALof Unitemized Independent Exp	penditures			
(c) TOTAL Independent Expenditures(carry total from last page forward to				L